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## \*BIBDATASHEET\*

CONFIRMATION NO. 7235

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/068,030	<b>FILING OR 371(c) DATE</b> 02/06/2002 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 04645.1072
<b>APPLICANTS</b> James C. Biggs, East Aurora, NY; Norbert W. Frenz JR., Clarence, NY; David A. Faltisco, Blasdell, NY;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/267,764 02/08/2001 and claims benefit of 60/309,411 08/01/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/05/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 23
		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 33751				
<b>TITLE</b> ONE PIECE HEADER ASSEMBLY FOR AN IMPLANTABLE MEDICAL DEVICE				
<b>FILING FEE RECEIVED</b> 1178	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	